

The purpose of the Quick Reference Guide for Establishing a New Account is to provide the Electronic Signature Authority (also referred to as the Senior Prescribing Authority) with step-by-step instructions on establishing a new SCI PAS account. If questions or concerns should arise during the process, contact the help desk at 866-439-4082 (select option 2, Immunization Registry).



DO NOT create a new SCI PAS account if you have created one previously.

If you cannot remember your Username and Password, you will need to contact the Help Desk at 866-439-4082 (select option 2, Immunization Registry) for assistance.

New SCI PAS Account Creation

If an account has not previously been created, please go to:

<https://www.scdhec.gov/scipas>

Click **ESTABLISH A NEW ACCOUNT**.

The screenshot shows the SCI PAS web application interface. At the top, there is a header with the DHEC logo and the text "SCI PAS South Carolina Immunization Provider Access System". Below the header, there are navigation links for "HOME" and "REGISTRY". The main content area is divided into two columns. The left column contains a "Welcome" section with links for "SCI PAS Home", "Establish a New Account", and "Existing Users, Login Here". Below these links are input fields for "Username:", "Password:", and "Location:", followed by a "Login" button. The right column contains a "Welcome to the South Carolina Immunization Provider Access System (SCIPAS)" section, followed by a "New Immunization Law Requirement" section, and a "Creating a SCI PAS Account to Register:" section. The "Creating a SCI PAS Account to Register:" section includes a paragraph explaining that users without an account should click on "Establish a New Account" and provide practice/facility FEI number and NPI and license numbers for all providers in their practice or facility.

To create a New SCI PAS Account, the Electronic Signature Authority (ESA), sometimes referred to as the Senior Prescribing Authority, must complete this information.

The Electronic Signature Authority must be a Doctor of Medicine, Doctor of Osteopathy, Advanced Practice Registered Nurse, Physician Assistant, Doctor of Pharmacy or Registered Pharmacist. Enrollment types have different licensed professional requirements.

Enter facility information.

Select the facility's initial Enrollment/Registration Type.

Click **SUBMIT**.

D H E C **SCI PAS** South Carolina Immunization
Provider Access System
HOME REGISTRY

New SCI PAS Account Creation

If provider has accessed SCI PAS previously, please click on HOME to return to log in page.
For assistance, please contact the Help Desk at 866-439-4082 (select option 2, Immunization Registry).

All fields in bold must be completed to submit for SCI PAS account creation.

Facility Name : ②
(as it appears on W-9)

Practice Name (or Doing Business As): ②
(If Different from Facility Name above)

Name of Electronic Signature Authority (ESA): John Test ②
(first) (middle) (last)

Position / Title of ESA: ②

Federal Employee Identification Number (FEI): ② Organization's NPI: ②

Facility Address (no P.O Box): ②

City: State: Zip: ②

County: ②

Facility Phone Number: ②

Email Address ②
(this will be your user name)

Password: ②
Acceptable. Passwords match.

Enrollment/Registration Type(s):
☐ South Carolina Immunization Registry (SCI Registry)
☐ VFC Program - I have read the Federal VFC Program Protocols.
☒ HL-7 Electronic Data Exchange to the Registry - I have read the Process Overview.

Submit

Please select and print the appropriate Quick Reference Guide for step-by-step instructions.